## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

1975225

|           | CLAIMS AS FILED - PART I<br>(Column 1) (Column 2)   |  |   |                |                                   |              |                  |          | SMALL ENTITY TYPE ( |                        |         | OTHER THAN          |                        |
|-----------|---|--|---|----------------|-----------------------------------|--------------|------------------|----------|---------------------|------------------------|---------|---------------------|------------------------|
|           | TO  | OTAL CLAIMS                                    |   | (Coldina)      |                                   | 10010        |                  |          | RATE FEE            |                        | OR      | RATE                | FEE                    |
|           | FC  | FOR NUMBER FILED                               |   |                |                                   | NUMB         | ER EXTRA         |          | BASIC FEE           | <del>}</del>           | OR      | BASIC FEE           |                        |
|           | TC  | TAL CHARGE                                     | ABLE CLAIMS                               | /2 minus 20=   |                                   | . 0          |                  |          | X\$ 9=              | /                      | OR      | X\$18=              | 8                      |
| 밁         | INE   | DEPENDENT C                                    | LAIMS                                     | 2 m            | inus 3 =                          | . 0          |                  |          | X40=                | 1                      | OR      | X80=                | ð                      |
| 2         | MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                |                                   |              |                  |          | +135=               | 1                      | OR      | +270=               | ی                      |
| 2         | * If the difference in column 1 is less than zero, enter  |  |   |                |                                   |              | olumn 2          | į        | TOTAL               | /                      | OR      | TOTAL               | 710                    |
| IIVVV     | CLAIMS AS AMENDED - PART  |  |   |                |                                   |              |                  | <b>1</b> |                     |                        | ٠ و     | OTHER               | THAN                   |
| 검         |   | F  | (Column 1)                                | (Colur         |                                   |              |                  |          | SMALL               |                        | OR      | SMALL               | ENTITY                 |
| AdKX) = n | ENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUME<br>PREVIO                    | BER<br>BUSLY | PRESENT<br>EXTRA | //       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|           | <b>AMENDMENT</b>  | Total  | · 20                                      | Minus          | 18                                | ン_           | = 0              |          | X\$ 9=              | /                      | OR      | X\$18=              |                        |
|           | AME   | Independent                                    | NTATION OF MI                             | Minus          | m 2                               | CI AIM       | = 🔾              |          | X40=                |                        | OR      | _X80=               |                        |
|           | Щ   | 111101711202                                   |   | JEIN CE DE     | ·                                 |              | البيا            |          | +135=               |                        | OR      | +270=               |                        |
|           |   |  |   |                |                                   |              |                  |          | TOTAL<br>ADDIT, FEE |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|           | (Column 1) (Column 2) (Column   |  |   |                |                                   |              |                  |          |                     |                        |         |                     |                        |
|           | ENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER          | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|           | AMENDMENT   | Total ,  | *   | Minus          | **                                |              | =                |          | X\$ 9=              |                        | OR      | X\$18=              |                        |
|           | AME   | Independent                                    | <u> </u>                                  | Minus          | •••                               | ·<br>        | =                |          | X40=                |                        | OR      | X80≃                |                        |
| I         | Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                   |              |                  |          | .125                |                        |         | . 220               |                        |
|           |   |  |   |                |                                   |              |                  | L        | +135=<br>TOTAL      |                        | OR      | +270=<br>TOTAL      |                        |
|           |   |  | •   |                |                                   |              |                  |          | ODIT. FEE           |                        | OR      | ADDIT. FEE          |                        |
| ١         |   |  | (Column 1)                                | (Colun         |                                   | -0.0         |                  | _        |                     | •                      |         |                     |                        |
|           | AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                | NUMB<br>PREVIO<br>PAID F          | IER<br>USLY  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|           | NON   | Total  | •   | Minus          | **                                |              | = .              |          | X\$ 9=              |                        | OR      | X\$18=              |                        |
|           | AME   | Independent                                    | •   | Minus          | ***                               |              | =                |          | X40=                |                        | OR      | X80=                |                        |
|           | Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                                   |              |                  |          |                     |                        | OR      | +270=               |                        |
|           | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |  |   |                |                                   |              |                  |          | +135=<br>TOTAL      |                        |         | TOTAL               |                        |
|           | ***   | If the "Highest Nu                             | mber Previously Pa                        | id For IN THI  | S SPACE is                        | less than    | 13, enter "3."   | ~        | ODIT. FEE           |                        |         | ADDIT. FEE          |                        |
|           |   | ine mignest Num                                | iber Previously Pak                       | a cor (10151 O | «insbaude                         | ny is the    | ragnest number   | IOUI     | ng in the app       | ropriate box           | in coli | JMA 1.              |                        |